Sponsor: TELACU
Duns:
Project Name: TELACU Housing - Rialto II

### **EXHIBIT 9**

## CLIENT COMMENTS AND SUGGESTIONS (HUD-2994) - N/A

# Survey on Ensuring Equal Opportunity For Applicants

OMB No 1890-0014 Exp 2/28/2009

#### Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database While your help in this data collection process is greatly appreciated, completion of this survey is voluntary

#### Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey" Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application

L_					
A	ppilcant's (Organiz	ration) Name: THE EAST	LOS ANGELES COMMUNIT	ry union (TELACU)	
A	pplicant's DUNS N	ame:			
F	ederal Program: S	ection 202 Demonstrat	ion Pre-Development	Grant Program	
C	FDA Number: 14.	157			
1	Has the applican grant or contract government?	t ever received a from the Federal		5 Is the applicant national organiza	
	⊠ Yes	□ No		Yes	⊠ No
2.	Is the applicant a	faith-based			time equivalent employees does ive? (Check only one box)
	<u>.</u>			3 or Fewer	<b>15-50</b>
	Yes Yes	⊠ No		<b>4-5</b>	<u> </u>
3	Is the applicant a organization?	secular		<u> </u>	☑ over 100
	Yes Yes	⊠ No		7 What is the size annual budget? (	of the applicant's Check only one box )
4	Does the applica	nt have 501(c)(3) status?	•	Less Than \$1	50,000
	⊠ Yes	□No		\$150,000 - \$2	99,999
	EJ			\$300,000 - \$4	99,999
				<b>5500,000 - \$9</b>	99,999
				<b>\$1,000,000 - \$</b>	4,999,999
				<b>⋉</b> \$5,000,000 or	more

### Survey Instructions on Ensuring Equal Opportunity for Applicants

OMB No 1890-0014 Exp 2/28/2009

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

- 1 Self-explanatory
- 2 Self-identify
- 3. Self-identify
- 4 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations Some grant programs may require nonprofit applicants to have 501(c)(3) status Other grant programs do not
- 5 Self-explanatory
- For example, two part-time employees who each work half-time equal one full-time equivalent employee If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate
- Annual budget means the amount of money your organization spends each year on all of its activities

#### Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this

information collection is 1890-0014. The time required

to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.

Sponsor: TELACU
Duns:

Project Name: TELACU Housing - Rialto II

#### **EXHIBIT 1**

The proposed project is a 75-unit, 64,000 square foot senior citizen residential complex located on the southwest corner of Foothill Boulevard and Cactus Avenue in the City of Rialto. The project site is approximately 110,700 square feet (2.54 acres), which will be maximized to develop a stepped two and three-story configuration.

The following details information and contact relative to the project:

Project Name: TELACU Housing – Rialto II

HUD Project Number: Application Pending

• Sponsor Address and Contact: 5400 East Olympic Boulevard, Suite 300

Los Angeles, CA 90022

323.721.1655

ATTN: Tom F. Provencio

• Grant Request: \$400,000

Sponsor: TELACU
Duns:
Project Name: TELACU Housing - Rialto II

### **EXHIBIT 11**

STANDARD FORM LLL, DISCLOSURE OF LOBBYING ACTIVITIES - N/A

### DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

4		T =												
	of Federal Action:	2. * Status of Fed		3. * Report Type:										
<u>  </u>	contract	s bid/offer/app	lication	x a initial filing										
	grant	X b initial award		b material change										
	cooperative agreement	c post-award		-										
ه 🔲 ه	loan													
•	iosn guaranies													
	loan insurance													
4. Nam	e and Address of Reporting	Fntihr												
l	Prime SubAwardee	Linux.												
*Name	ELACU													
* Street 1	100 East Olympic Boulevard, Suite	100	Street 2	1										
· City		7 State												
"   L	os Angeles	CA: California		ZIp 90022										
Congressione	l District if known: 34			-										
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6. * Feder	ral Department/Agency:		7. * Federal Progra	ım Name/Description:										
U.S. Depart	ment of HUD		Supportive Housing for	the Elderly										
		······												
			CFDA Number. if applicable	14.157										
8. Federa	Action Number, if known:	***************************************	9. Award Amount,	if known										
			\$											
			) <b>3</b> [											
10. a. Nan	ne and Address of Lobbying	Registrant:	<u> </u>											
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* Lasi Name	H/A		Suffix	7										
*Street 1		1 c	treet 2											
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p. individi	ual Performing Services (includ	ing address if different from No	10a)											
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11. Informatio	n requested through this form is suthorized by	title 31 U.S.C section 1352 T	his disclosure of lobbying activitie	s is a material representation of fact, upon which										
the Congr	as placed by the her above when the transact ass semi-annually and will be available for pu	ion was made or entered into. T bic inspection. Any person who	his discinsure is remained numerous	nt to 31 U.S.C. 1352. This information will be reported to a shall be subject to a civil penalty of not less than										
\$10 000 a	nd not more than \$100,000 for each such falk	re .	4											
* Signature:	Completed on submission to Grants	I.gov												
*Name:	Prefix First Name		Middle Name	processor and the second secon										
	Mr.	Tom	MILANG INGING	Florencio										
	*Last Name Provencio		Suffix	and Continuous manufactures and an account of the Continuous and a										
Titles -	None of the second seco													
Titie: Auchori	zed Agent	Telephone No.: 32	3.721.1655	Date: Completed on submission to Grants.gov										
Federal Use	Only:	196 17 30 18	Alaba (Assurance)	Authorized for Local Reproduction										
Manager 12		ALMERICAN TERMINATE	STATE OF THE PARTY OF THE	Standard Form - LLL (Ray 7-87)										

Telephone Number: 323.721.1655  Fax Number: 323.721.3560	Applicatio	n for Federal Assista	ince SF-424	Version 02
State Use Only:   State Department Name:   Division Nam	Preappli Applicati	ication ion	New     Continuation	
State Use Only:  5 Date Received by State:  7 State Application Identifier:  8. APPLICANT INFORMATION:  * a Legal Name: THE EAST LOS ANGELES COMMINITY UNION (TELACU)  * b Employer/Tapayer Identification Number (EIN/TIN):  95-2554256  d Address:  * Street:  * Clay:  * Los Angeles  * County:  * Los Angeles  * County:  * Los Angeles  * County:  * USA: UNITED STATES  * Division Name:  * Division Name:  * First Name:  * Fax Number:  * State Number:  * State Number:  * State Number:  * Fax Number:  * State N	-	V 11/10	4. Applicant Identifier:	
8 Date Received by State:  8. APPLICANT INFORMATION:  *a Legal Name: THE EAST LOS ANGELES COMMITY UNION (TELACU)  *b Employer/Taxpayer Identification Number (EIN/TIN):  95-2554256  d. Addrass:  *Street:  \$400 East Olympic Boulevard, Suite 300  Street2:  *City:  Los Angeles  County:  Los Angeles  CA: California  Province:  *Zip / Postal Code:  *Goundy:  *USA: UNITED STATES  *Organizational Unit:  *Department Name:  *Department Name:  *First Name:  *First Name:  *First Name:  *First Name:  *First Name:  *First Name:  *Tom.  *Telephone Number:  *Telephone Number:  *Telephone Number:  *Telephone Number:  *Tax Numbe	5a Federal Er	ntity Identifier:		* 5b Federal Award Identifier:
B. APPLICANT INFORMATION:  ** a Legal Name: THE EAST LOS ANGELES COMMUNITY UNION (TELACU)  ** b Employer/Taxpayer Identification Number (EIN/TIN):  95-2554256  d. Addrass:  ** Street:	State Use On	ily:		
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*b Employer/Taxpayer Identification Number (EIN/TIN):  95-2554256  d. Address:  *Street1:  5400 East Olympic Boulevard, Suite 300  Street2:  *City:  Los Angeles  County:  Los Angeles  *County:  *C	8. APPLICAN	T INFORMATION:		
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Street2:  **City: Los Angeles  **County: Los Angeles  **Country: USA: UNITED STATES  **Country: USA: UNITED STATES  **City / Postal Code: 50022  **Department Name: Division Name:  **Conganizational Unit:  **Department Name: Florencio  **Last Name: Florencio  **Last Name: Provencio  **Suffix: Authorized Agent  **Telephone Number: 323.721.1655  **Fax Number: 323.721.3560			iber (EIN/TIN):	*c Organizational DUNS:
Street2:  County: Los Angeles  County: Los Angeles  State:  County: USA: UNITED STATES  Country:  USA: UNITED STATES  Country:	d. Address:			
State:  Province:  Country:  Country:  USA: UNITED STATES  * Zip / Postal Code:  90022  e Organizational Unit:  Department Name:  Division Name:  First Name:  Institute of person to be contacted on matters involving this application:  Prefix:  Mr.  First Name:  Institute of person to be contacted on matters involving this application:  Prefix:  Mr.  First Name:  Florencio  Last Name:  Provencio  Suffix:  Title:  Authorized Agent  Division Name:  Form  First Name:  Form  Trille:  Authorized Agent  Telephone Number:  123.721.1655  Fax Number:  1323.721.3560	Street2:		pic Boulevard, Suite	300
Province:  * Country:  * Division Name:  * First Name:  * Country:  *	County:	Los Angeles		
* Country:  * Zip / Postal Code: 90022  * Organizational Unit:  Department Name:  Division Name:  * First Name: Toms  Middle Name: Florencio  Last Name: Provencio  Suffix:  Division Name: Toms  Middle Name: Florencio  Last Name: Provencio  Suffix:  Title: Authorized Agent  Division Name: 323.721.1655  Fax Number: 323.721.3560				CA: California
* Zip / Postal Code: 90022  e. Organizational Unit:  Department Name: Division Name:  First Name: Tom  Middle Name: Florencio  Last Name: Provencio  Suffix: Department Name: Provencio  Suffix: Tom  Telephone Number: 323.721.1655  Fax Number: 323.721.3560				
Department Name:  Department Name:  Division Name:  E. Name and contact information of person to be contacted on matters involving this application:  Prefix:  Mr. First Name:  Tom  Middle Name:  Provencio  Suffix:  Citie: Authorized Agent  Division Name:  Form  First Name:  Form  Tom  Tom  Tom  Tom  Tom  Tom  Tom		ode: Gooss		USA: UNITED STATES
Department Name:    Division Name:				
F. Name and contact information of person to be contacted on matters involving this application:  Prefix: Mr. *First Name: Tom  Middle Name: Florencio  Last Name: Provencio  Suffix:   Title: Authorized Agent  Organizational Affiliation:  Telephone Number: 323.721.1655  Fax Number: 323.721.3560				
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Organizational Affiliation:  Telephone Number: 323.721.1655  Fax Number: 323.721.3560	Title: Authori	zed Agent		
Telephone Number: 323.721.1655 Fax Number: 323.721.3560				
	and the second s			
Email: tprovencio@telacu.com	Telephone Nun	nbar: 323.721.1655		Fax Number: 323.721.3560
	Email: tprov	encio@telacu.com		

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Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	]
Type of Applicant 2: Select Applicant Type:	_
	]
Type of Applicant 3: Select Applicant Type:	
	]
* Other (specify):	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Title:	
Supportive Housing for the Elderly	
	······································
* 12. Funding Opportunity Number:	
FR-5218-N-01	
* Title:	
Section 202 Demonstration Pre-Development Grant Program	
13. Competition Identification Number:	
S202-DEMO	
Title:	
A4 Annua Martad by Project/Cities Counties States at a b	
14. Areas Affected by Project (Cities, Counties, States, etc.):  Rialto, County of San Bernardino, CA	
Related, County of Sail Belliarding, CA	
* 15. Descriptive Title of Applicant's Project:	
Pre-Development Program to assist Fiscal year 2008 Section 202 supportive housing of recipients.	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	on for Federal Assistan	ce SF-424	<i></i>				Version 02
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* a Applicant	p						
				* b Progra	am/Project 43		
Attach an add	ditional list of Program/Project	Programmer of Color	1 A 1 T T T T T T T T T T T T T T T T T	TORREST TORREST			
<u> </u>		Add Attachment	Delete A	llachment Vie	w Atlachment		
17. Propose	d Project:						
*a Start Date	01/01/2009			* b	End Date: 06/30/	2010	
18. Estimate	d Funding (\$):						
°a Federal		10,735,000.00					
* b Applicant		0.00					
*c State		0.00					
*d Local		5,000,000.00					
e Other		0.00					
*f Program I	ncome	0.00					
g TOTAL		15,735,000.00					
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* Last Name:	Provencio			······································		***************************************	
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• Tu	thorized Agent	I					
Telephone Nu				Fax Number: 323	. 721 . 3560		
Email: tprov	/encio@telacu.com						==-
		Completed by Grants gov upon subn	nission.	* Date Signed:	Completed by Grants gov	upon submission	

Application for Federal Assistance SF-424	Version 0
Applicant Federal Debt Delinquency Explanation	
he following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt Maximum number of haracters that can be entered is 4.000. Try and avoid extra spaces and carriage returns to maximize the availability of space.	
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5400 E Olympic Blvd - Suite 300 Los Angeles - CA 90022 T 323.721.1655 F 323.724.3372 www TELACU com

December 4, 2008

California State Clearing House 1400 Tenth Street, Room 121 Sacramento, CA 95814

Re: 2009 HUD Section 202 Demonstration Pre-Development Grant Program SWC Footbill Boulevard and Cactus Avenue Rialto, CA 92376

To whom it may concern:

TELACU is applying for a U.S. Department of Housing and Urban Development (HUD) Section 202 Demonstration Pre-Development Grant to develop senior citizen housing on the subject site in the city of Rialto.

As part of our submittal to HUD, enclosed please find a copy of Application for Federal Assistance SF-424.

Should you require any additional information in order to complete your review, please do not hesitate to contact our office. Your assistance is greatly appreciated.

Sincerely,

Tom I. Provencio
Authorized Agent

TFP/as Enclosures 4



December 4, 2008

Southern California Association of Governments 818 West 7<sup>th</sup> Street, 12<sup>th</sup> Floor Los Angeles, CA 90017

Re: 2009 HUD Section 202 Demonstration Pre-Development Grant Program SWC Foothill Boulevard and Cactus Avenue Rialto, CA 92376

To whom it may concern:

TELACU is applying for a U.S. Department of Housing and Urban Development (HUD) Section 202 Demonstration Pre-Development Grant to develop senior citizen housing on the subject site in the city of Rialto.

As part of our submittal to HUD, enclosed please find a copy of Application for Federal Assistance SF-424

Should you require any additional information in order to complete your review, please do not hesitate to contact our office. Your assistance is greatly appreciated.

Sincerely,

Tom F. Provencio
Authorized Agent

TFP/as Enclosures 4 Sponsor: TELACU
Duns:
Project Name: TELACU Housing - Rialto II

#### **EXHIBIT 3**

### NARRATIVE DEMONSTRATING NEED FOR PRE-DEVELOPMENT FUNDING

Attached is the HUD-2880 form, disclosing assistance from other government sources to be received in connection with the project.

The proposed predevelopment funding from HUD is essential to moving the project forward to construction start within eighteen months. While the site is owned by the City and does not require any option or land carrying costs, there are substantial out-of-pocket costs to move the project forward in a timely manner. These funds are beyond any budget of the sponsor and would require either borrowing funds, delaying some actions to persuade governmental sources to waive or delay some fees, or requesting participants to proceed without being paid.

Because of the high demand for architects, engineers, consultants, etc. in Southern California, it is difficult to get participants to pursue work on this project in a timely manner as their first priority, without getting compensation. While our team has worked together for many years, they are all business people and must keep their firms running by doing projects that pay their fees on a regular basis. As a result, the team is willing to carry the project for long periods but cannot put it at the top of their priority list. By enabling the sponsor to offer some upfront fees to the team, work will move to the top of the list for the various firms and move the project forward in an expeditious way.

We also experience substantial delays in getting our projects to be reviewed by governmental agencies because funds are not readily available for plan check fees or other city fees. By having funds to pay fees in a timely manner, we will be able to submit for plan check and get our project processed in an expedited manner. As we approach final plan check and the drawing down of a building permit, this becomes increasingly important to moving the project forward.

This additional funding source will assist the project to move forward at a faster pace and will get the whole team focused on making the deadlines. We believe the grant is essential to moving the project forward in the quickest way possible.

# Applicant/Reciplent Disclosure/Update Report

# U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp 08/31/2009)

* Applicant N	cipient Name. Address, and Phone (Include area code):			
<del></del>				
THE EAS	Name:			
4	T LOS ANGELES COMMUNITY UNION (TELACU)	<u> </u>		
* Street 1:	5400 East Olympic Boulevard, Suite 300			
Street2:				
• City:	Los Angeles			
County:	Los Angeles			
* State:	CA: California			
* Zip Code:	90022			
* Country:	USA: UNITED STATES			
* Phone:	323.721.1655			
2 Social Securi	ty Number or Employer ID Number: 95-2554256			
3. HUD Progran	m Name:			
Supportive	Housing for the Elderly			
4 Amount of H	UD Assistance Requested/Received: \$ 10,735,000.	700		
	L L	J		
	ne and location (street address. City and State) of the project or a	ictivity:	,	
' Project Name:	TELACU Housing - Rialto II			
Street1: Sw	C Foothill Boulevard and Cactus Avenue			
Street2:				
City: Ria	alto			
County: Sar	n Bernardino			
State:	CA: California			
Zip Code: 923	376			
Country:	USA: UNITED STATES			
art   Thresho	old Determinations	***************************************		
terms do not	ying for assistance for a specific project or activity? These 1 include formula grants, such as public housing operating DBG block grants (For further information see 24 CFR	jurisdiction of the in this application	ed or do you expect to rece a Department (HUD) , invol n. in excess of \$200.000 du rther information. see 24 C	ving the project or activity uring this fiscal year (Oct
X Yes	☐ No	X Yes	☐ No	
Vou answered	" No " to either question 1 or 2, Stop! You do not need to co	omoleia the rema	inder of this form	
	nust sign the certification at the end of the report	ompiere die reille	erace of this total	
***************************************				

### Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds. Such assistance includes, but is not limited to. any grant, loan, subsidy, guarantee. Insurance, payment, credit. or tax benefit Department/State/Local Agency Name: \* Government Agency Name: Rialto Housing Authority Government Agency Address: \* Street1: 131 South Riverside Avenue Street2: \* City: Rialto County: San Bernardino \* State: CA: California \* Zip Code: 92376 \* Country: USA: UNITED STATES \* Type of Assistance: Grant \* Amount Requested/Provided: \$ 5,000,000.00 \* Expected Uses of the Funds: Land acquisition/on-site and off-site improvements Department/State/Local Agency Name: \* Government Agency Name: Government Agency Address: \* Street1: Street2: \* City: County: \* State: \* Zip Code: \* Country: \* Type of Assistance: \* Amount Requested/Provided: \$ \* Expected Uses of the Funds: (Note: Use Additional pages if necessary ) Add Attachment Delete Attachment View Atlachment

#### Part III Interested Parties. You must decide

- 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- 2 Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower)

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No or Employee ID No	* Type of Participation in Project/Activity		nancial Interes	
Marie Phillips	417629607	Hsg Consultant	]s[	60,000.00	1 00
			] <b>s</b>		
			] <b>s</b>		
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(Note: Use Additional pages if necessary )		Add Attachment Dele	ete Atlachment	View Attac	chment
Certification					
Warning: If you knowingly make a false statemer United States Code in addition, any person who i non-disclosure. Is subject to civil money penalty n I certify that this information is true and complete	knowingly and materially vid	plates any required disclosures of			
* Signature:		<del></del>	* Date: (mm/dd	/уууу)	
Completed Upon Submission to Grants gov	***************************************				

Sponsor: TELACU Duns: 010720597

Project Name: TELACU Housing - Rialto II

# EXHIBIT 4 PROPOSED PRE-DEVELOPMENT ACTIVITIES AND BUDGET

The sponsor is proposing the following predevelopment activities and budget to assist the project's schedule and to expedite the timeframe for completing predevelopment activities within 18 months:

PROPOSED ACTIVITY:	PROPOSED BUDGET:
Consultant fee:	\$ 3,000
Appraisal:	\$ 4,000
Environmental Site Assessment:	\$ 3,000
Legal Fees:	\$ 4,000
Organizational Expenses:	\$ 1,000
Engineering Services:	\$ 12,000
Architectural Services:	\$ 100,000
Cost Analyst:	\$ 15,000
Impact Fees:	\$ 234,000
Permit/Variance fees:	\$ 24,000
TOTAL ACTIVITIES:	\$ 400,000

Sponsor: TELACU Duns: 010720597

Project Name: TELACU Housing - Rialto II

#### **EXHIBIT 5**

### PROJECT DEVELOPMENT SCHEDULE

The HUD Logic Model (form HUD-96010) was used in devising the activities and the proposed completion dates for the key issues and actions needed in reaching construction start within 18 months.

The sponsor has worked closely with HUD on many Section 202 projects and believes that the following schedule is achievable:

ACTIVITY:	PROPOSED START DATE: P	PROPOSED COMPLETION DATE:
- Survey, soils, appraisal work	February 2009	April 2009
- Preliminary design work	January 2009	March 2009
- Preparation of CUP, WQMP		
and required planning docs.	April 2009	June 2009
- Legal incorporation & tax		
exemption applications	February 2009	October 2009
- Submission of CUP	May 2009	July 2009
- Preparation of working		
drawings and firm docs.	August 2009	October 2009
- Plan check	November 2009	January 2010
- Firm comm. processing	February 2010	March 2010
- Issuance of firm comm.	April 2010	April 2010
- Submission of closing docs.	May 2010	May 2010
- Closing at HUD	June 2010	June 2010

US Department of Ho	OMB Approval 25		Outcome		9	Impact		AV#		VN#		#WA	(17.17)	YN#	Y/N#		∀₹#		#WA	Y/V#		A/N#	V/N#	V/N#	YN#		#NA		VA#	VZ#		V/N#	***************************************
Beriod:	Start Date:	End Date:	Pre Post	Manager of the Party of the Par		او	Units	#N/A		#N/A		VN#	#NA		#N/A		#WA	4/1477	<b>∀</b> N#	#N/A		V/V#	#N/A	#N/#	#N/A		#N/A	#N/A		#N/A		WW#	#N/A
TELACU Telacu - Rialto II		Section 202	Service of Activities/Output	3	Programming	Constructed units																											
Applicant Name: Project Name:	TERM:	HUD Program	Problem, Need, Situation	2	Planning				.1		L		W. Sales S.			1		<u> </u>			1	1				<u> </u>					1	<b>.</b>	
			God Priority		Policy	B3 A																											

US Department of Ho OMB Approval 25 Pre- Post Measure #N/A ¥N¥ #N/A #NA #NA ¥X# ¥N# ¥N\# ¥N# #NA #NA #NA ¥X# #N/# #N# ¥N# #NA #NA Outcome Impact ည Start Date: Period: End Date: Pre Post Measure ¥NA #NA #N/A ¥N¥ WA/W ¥N¥ W/V# ¥N⁄A ¥X¥ YN# #N/A #N/A #NA #NA #NA #NA #N/A #N/A Service or Activities/Output Telacu - Rialto II Programming Section 202 Year 2 Project Name: Applicant Name: Policy Problem, Need, HUD Program Planning Policy

US Department of Ho	OMB Annroyal 25	C+ mandda, crass		Pre Post	9	Measure	#N/A	#N/A		#N/A		#N/A		#N/A	#N/A		#WA	#WA	¥N#	#N/A		#N/A	#NA	YZ#		#N/A	#N/A	
				Outcome	5	Impact					The control of the co																	
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TELACU	Tela		Section 202	Service or Activities/Output	က	Programming				J		**************************************						-										
Applicant Name:	Project Name:	TERM:	HUD Program	Problem, Need, Situation	2	Planning			k.				1			<b>k</b>			 - to obiem		. 1	and any live		**************************************	<b>.</b>			T
				God Briorit	-	Policy																						

using and Urban Development 35-0114 exp. 09/30/2007

Component Name:

Evaluation Tools

Accountability

B. Where Data Maintained
Agency database A Tools for Measurement
Database

Progress reports C. Source of Data

D. Frequency of Collection Annually

E. Processing of Data

using and Urban Development 35-0114 exp. 09/30/2007

Component Name:

Evaluation Tools

Accountability

using and Urban Development 35-0114 exp. 09/30/2007 Component Name:

Evaluation Tools

Accountability

Sponsor: TELACU
Duns:
Project Name: TELACU Housing - Rialto II

### **EXHIBIT 7**

# THIRD-PARTY DOCUMENTATION FACSIMILE TRANSMITTAL (HUD-96011) – N/A

Sponsor: TELACU Duns: Project Name: TELACU Housing - Rialto II

### **EXHIBIT 8**

ACKNOWLEDGMENT OF APPLICATION RECEIPT (HUD-2993) - N/A

### Acknowledgment of Application Receipt

# U.S. Department of Housing and Urban Development

Type or clearly print the Applicant's name and full address in the space below. The East Los Angeles Community Union (TELACU) 5400 East Olympic Boulevard Suite 300 Los Angeles, CA 90022 ATTN: Tom F Provencio (fold line) Type or clearly print the following information: Name of the Federal Program to which the S202 Demo Pre-Development Program applicant is applying: To Be Completed by HUD HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies HUD did not receive your application by the deadline; therefore, your application will not receive further consideration Your application is: Enclosed Being sent under separate cover Processor's Name Date of Receipt form HUD-2993 (2/99)

### ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	PREDEVEXHIBIT1 lpg.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	PREDEVEXHIBIT2 6pages.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	PREDEVEXHIBIT3 lpg.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	PREDEVEXHIBIT3a 3pgs.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	PREDEVEXHIBIT4 1pg.pdf	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	PREDEVEXHIBIT5 lpg.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	PREDEVEXHIBIT6LM 4pgs.xls	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	PREDEVEXHIBIT7 lpg.pdf	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	PREDEVEXHIBIT8 2pgs.pdf	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	PREDEVEXHIBIT9 lpg.pdf	Add Allachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	PREDEVEXHIBIT10 2pgs.pdf	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	PREDEVEXHIBIT11 2pgs.pdf	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Altachment

# Survey on Ensuring Equal Opportunity For Applicants

OMB No. 1890-0014 Exp. 2/28/2009

### Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

### Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: THE EAST LOS ANGE	LES COMMUNITY UNION (TELACU)
Applicant's DUNS Name:	
Federal Program: Section 202 Demonstration Pre CFDA Number: 14.157	-Development Grant Program
<ol> <li>Has the applicant ever received a grant or contract from the Federal government?</li> </ol>	5. Is the applicant a local affiliate of a national organization?
⊠ Yes □ No	☐ Yes ⊠ No
Is the applicant a faith-based organization?	<ol><li>How many full-time equivalent employees does the applicant have? (Check only one box).</li></ol>
☐ Yes ⊠ No	3 or Fewer 15-50
	<b>4-5 51-100</b>
3. Is the applicant a secular organization?	☐ 6-14 ⊠ over 100
☐ Yes	<ol><li>What is the size of the applicant's annual budget? (Check only one box.)</li></ol>
4. Does the applicant have 501(c)(3) status?	Less Than \$150,000
⊠ Yes	<b>\$150,000 - \$299,999</b>
traced traced	<b>\$300,000 - \$499,999</b>
	<b>\$500,000 - \$999,999</b>
	\$1,000,000 - \$4,999,999

# Survey Instructions on Ensuring Equal Opportunity for Applicants

OMB No. 1890-0014 Exp. 2/28/2009

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

- Self-explanatory.
- 2. Self-identify.
- 3. Self-identify.
- 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
- 5. Self-explanatory.
- For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
- Annual budget means the amount of money your organization spends each year on all of its activities.

#### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this

information collection is 1890-0014. The time required

to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.

# Applicant/Recipient Disclosure/Update Report

# U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 08/31/2009)

1. Applicar	nt/Recipient Name, Address, and Phone (include area code):		
* Applic	cant Name:		
THE	EAST LOS ANGELES COMMUNITY UNION (TELACU)		
* Street	11: 5400 East Olympic Boulevard, Suite 300		
Street	2:		
* City:	Los Angeles		
Count	y: Los Angeles		
* State:	CA: California		
* Zip Co	ode: 90022		
* Count	ry: USA: UNITED STATES		
* Phone	323.721.1655		
2. Social S	ecurity Number or Employer ID Number: 95-2554256		
3. HUD Pr	ogram Name:		
Supporti	ive Housing for the Elderly		
4. Americat	of III ID Assistance Democrated/Described		
4. Amount	of HUD Assistance Requested/Received: \$ 10,735,00		
		0.00	
. State the	e name and location (street address, City and State) of the project of	······································	
	e name and location (street address, City and State) of the project clame: TELACU Housing - Rialto II	······································	
	ame: TELACU Housing - Rialto II	······································	
Project N		······································	
Project N Street1: Street2:	ame: TELACU Housing - Rialto II	······································	
Project N	ame: TELACU Housing - Rialto II  SWC Foothill Boulevard and Cactus Avenue  Rialto	······································	
Project N Street1: Street2: City:	SWC Foothill Boulevard and Cactus Avenue  Rialto  San Bernardino	······································	
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Project N Street1: Street2: City: County: State: Zip Code:	SWC Foothill Boulevard and Cactus Avenue  Rialto  San Bernardino  CA: California	······································	
Project N Street1: Street2: City: County: State: Zip Code: Country:	SWC Foothill Boulevard and Cactus Avenue  Rialto San Bernardino  CA: California  92376  USA: UNITED STATES	······································	
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Project N Street1: Street2: City: County: State: Zip Code: Country: art I Three 1. Are you terms do subsidy	SWC Foothill Boulevard and Cactus Avenue  Rialto  San Bernardino  CA: California  92376  USA: UNITED STATES  Schold Determinations  applying for assistance for a specific project or activity? These or not include formula grants, such as public housing operating or CDBG block grants. (For further information see 24 CFR  3).	* 2. Have you received or do you expect to receive a jurisdiction of the Department (HUD) , involving in this application, in excess of \$200,000 during	the project or activity this fiscal year (Oct.
Project N Street1: Street2: City: County: State: Zip Code: Country: art I Thre 1. Are you terms de subsidy Sec. 4.3	SWC Foothill Boulevard and Cactus Avenue  Rialto  San Bernardino  CA: California  92376  USA: UNITED STATES  Seshold Determinations applying for assistance for a specific project or activity? These onot include formula grants, such as public housing operating or CDBG block grants. (For further information see 24 CFR 3).	* 2. Have you received or do you expect to receive a jurisdiction of the Department (HUD) , involving in this application, in excess of \$200,000 during Sep. 30)? For further information, see 24 CFR S	the project or activity this fiscal year (Oct.
Project N Street1: Street2: City: County: State: Zip Code: Country: art I Three 1. Are you terms do subsidy Sec. 4.3 Ye you answe	SWC Foothill Boulevard and Cactus Avenue  Rialto  San Bernardino  CA: California  92376  USA: UNITED STATES  PShold Determinations  applying for assistance for a specific project or activity? These or not include formula grants, such as public housing operating or CDBG block grants. (For further information see 24 CFR  No  No  TELACU Housing - Rialto II  SWC Foothill Boulevard and Cactus Avenue  CA: California  92376  USA: UNITED STATES  PSHOLD Determinations  applying for assistance for a specific project or activity? These or not include formula grants, such as public housing operating or CDBG block grants. (For further information see 24 CFR  B).	* 2. Have you received or do you expect to receive a jurisdiction of the Department (HUD) , involving in this application, in excess of \$200,000 during Sep. 30)? For further information, see 24 CFR S	the project or activity this fiscal year (Oct.
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Project N Street1: Street2: City: County: State: Zip Code: Country: art I Three 1. Are you terms do subsidy Sec. 4.3 Ye you answe	SWC Foothill Boulevard and Cactus Avenue  Rialto  San Bernardino  CA: California  92376  USA: UNITED STATES  PShold Determinations  applying for assistance for a specific project or activity? These or not include formula grants, such as public housing operating or CDBG block grants. (For further information see 24 CFR  No  No  TELACU Housing - Rialto II  SWC Foothill Boulevard and Cactus Avenue  CA: California  92376  USA: UNITED STATES  PSHOLD Determinations  applying for assistance for a specific project or activity? These or not include formula grants, such as public housing operating or CDBG block grants. (For further information see 24 CFR  B).	* 2. Have you received or do you expect to receive a jurisdiction of the Department (HUD) , involving in this application, in excess of \$200,000 during Sep. 30)? For further information, see 24 CFR S	the project or activity this fiscal year (Oct.
Project N Street1: Street2: City: County: State: Zip Code: Country: art I Three 1. Are you terms do subsidy Sec. 4.3 Ye you answe	SWC Foothill Boulevard and Cactus Avenue  Rialto  San Bernardino  CA: California  92376  USA: UNITED STATES  PShold Determinations  applying for assistance for a specific project or activity? These or not include formula grants, such as public housing operating or CDBG block grants. (For further information see 24 CFR  No  No  TELACU Housing - Rialto II  SWC Foothill Boulevard and Cactus Avenue  CA: California  92376  USA: UNITED STATES  PSHOLD Determinations  applying for assistance for a specific project or activity? These or not include formula grants, such as public housing operating or CDBG block grants. (For further information see 24 CFR  B).	* 2. Have you received or do you expect to receive a jurisdiction of the Department (HUD) , involving in this application, in excess of \$200,000 during Sep. 30)? For further information, see 24 CFR S	the project or activity this fiscal year (Oct.

Form **HUD-2880** (3/99)

# Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds. Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit. Department/State/Local Agency Name: \* Government Agency Name: Rialto Housing Authority Government Agency Address: \* Street1: 131 South Riverside Avenue Street2: \* City: Rialto San Bernardino County: CA: California \* State: \* Zip Code: 92376 USA: UNITED STATES \* Country: \* Amount Requested/Provided: \$ 5,000,000.00 \* Type of Assistance: Grant \* Expected Uses of the Funds: Land acquisition/on-site and off-site improvements Department/State/Local Agency Name: \* Government Agency Name: Government Agency Address: \* Street1: Street2: \* City: County: \* State: \* Zip Code: \* Country: \* Amount Requested/Provided: \* Type of Assistance: \* Expected Uses of the Funds: View Attachment Add Attachment Delete Attachment (Note: Use Additional pages if necessary.) Form HUD-2880 (3/99)

### Part III Interested Parties. You must decide.

- 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- 2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participat Project/Activ		* Financial Interest i Project/Activity (\$ and	
Marie Phillips	417629607	Hsg Consultant	s	60,000.00	1.00
			s		
			\$		
			\$		9
			<b>s</b>		9
(Note: Use Additional pages if necessary.)		Add Attachment	Delete Attachi	ment View Attachn	nent
Certification					
Warning: If you knowingly make a false statement United States Code. In addition, any person who kn non-disclosure, is subject to civil money penalty not certify that this information is true and complete.	lowingly and materially viol	ates any required disclosu	enalties under S ures of informatio	ection 1001 of Title 18 on, including intentional	of the
* Signature:			* Date: (m	nm/dd/yyyy)	
Tom Provencio				26/2009	

Form **HUD-2880** (3/99)

### Save Form to Print

### **Facsimile Transmittal**

1232573204 - 2987

\* Name of Document Transmitting: Facsimile Transmittal

U. S. Department of Housing and Urban Development Office of Department Grants Management and Oversight

OMB Approval No. 2525-0118 exp. Date (5/30/2008)

1. Applicant Information	n: ·
* Legal Name: THE EA	ST LOS ANGELES COMMUNITY UNION (TELACU)
* Address:	
* Street1: 5400 Eas	t Olympia Davidana da Cara a Cara
Street2:	t Olympic Boulevard, Suite 300
* City: Los Ange	loc
County: Los Angel	
* State: CA: Calif	
* Zip Code: 90022	* Country
2.0-1-1	
	emestic Assistance Number:
* Organizational DUNS:	CFDA No.: 14.157
Title: Supportive Hou	using for the Elderly
Program Component:	
3. Facsimile Contact Info	mation:
Department:	
Division:	
4. Name and telephone n	number of person to be contacted on matters involving this facsimile.
Prefix: Mr.	* First Name: Tom
Middle Name: Floren	
* Last Name: Proven	cio
Suffix:	
* Phone Number: 323.72	1.1655
Fax Number: 323.72	1.3560
* 5. Email: tprovenci	io@telacu.com
* 6. What is your Transmitt	tai? (Check one box per fax)
a. Certification	b. Document c. Match/Leverage Letter d. Other
* 7. How many pages (inclu	uding cover) are being faxed?

Form HUD-96011 (10/12/2004)

Close Form Next Print Page About

OMB Number: 4040-0004

					Expiration Date: 01/31/200
Application	on for Federal Assist	ance SF-424			Version 0
* 1. Type of S	Submission:	* 2. Type of Application:	* If Revision	on, select appropriate letter(s):	
Preapp	lication	New			
Applica	tion	Continuation	Other (Specify)		<u>-</u>
Change	ed/Corrected Application	Revision			
* 3. Date Rec	eived:	4. Applicant Identifier:			
01/26/2009					
5a. Federal E	ntity Identifier:		* 5b. Fe	ederal Award Identifier:	
State Use Or	nly:				
6. Date Recei	ved by State:	7. State Application	Identifier:		
8. APPLICAN	IT INFORMATION:				
* a. Legal Nan	ne: THE EAST LOS AN	GELES COMMUNITY UNION	(TELAC	σ)	
* b. Employer/	Taxpayer Identification Nur	nber (EIN/TIN):	*c. Org	anizational DUNS:	
95-2554256	6				
d. Address:					
* Street1:	5400 East Olym	mpic Boulevard, Suite	300		
Street2:					
· City:	Los Angeles				
County:	Los Angeles				
* State:			CP	: California	
Province:					
* Country:			USA:	UNITED STATES	
* Zip / Postal C	ode: 90022				
e. Organizatio	onal Unit:				
Department Na	ıme:		Division	Name:	
. Name and c	ontact information of per	rson to be contacted on ma	tters invo	lving this application:	
Prefix:	Mr.	* First Name:	Tom		
Middle Name:	Florencio		$\neg$		
Last Name:	Provencio				
Suffix:					
ite: Author	ized Agent				
Organizational A	Affiliation:				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Telephone Nu	mber: 323.721.1655			Fax Number: 323.721.3560	
Email: tpro	vencio@telacu.com				
	ACTION THE PARTY OF A STATE THAT OF THE				

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	······································
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
Supportive Housing for the Elderly	٦
Supportive housing for the Elderry	
* 12. Funding Opportunity Number:	.1
FR-5218-N-01	
* Title:	
Section 202 Demonstration Pre-Development Grant Program	1
13. Competition Identification Number:	
S202-DEMO	
Title:	
A Arona Affordad by Brainat (Cities Counties Cou	
4. Areas Affected by Project (Cities, Counties, States, etc.): Rialto, County of San Bernardino, CA	
Addito, County of San Bernardino, CA	
15. Descriptive Title of Applicant's Project:	
Pre-Development Program to assist Fiscal year 2008 Section 202 supportive housing of recipients.	
ttach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Close Form

Previous

Next

Print Page

About

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application	on for Federal Assista	nce SF-424							Version 02
16. Congres	ssional Districts Of:								
* a. Applican	t 34			* b.	Progran	n/Project	43		
Attach an ad	ditional list of Program/Projec	ct Congressional Districts if r	eeded.						
		Add Attachment	Delete At	tachment	View	Attachm	ent		
17. Propose	d Project:				****	· · · · · · · · · · · · · · · · · · ·			
* a. Start Date	<b>e</b> : 01/01/2009				* b. E	End Date:	06/30/201	10	
18. Estimate	ed Funding (\$):								
* a. Federal		10,735,000.00							
* b. Applicant		0.00							
* c. State		0.00							
* d. Local		5,000,000.00							
* e. Other		0.00							
* f. Program I	Income	0.00							
* g. TOTAL		15,735,000.00							
* 20. Is the A Yes  21. *By signi herein are tr comply with a subject me to	certifications and assurances	Explanation  fy (1) to the statements of the best of my knowed the period of the best of t	ontained in wledge. I a that any fa ode, Title 21	the list of dalso provide lse, fictitiou 8, Section 1	the res s, or fra	quired as sudulent s	ssurances** ( statements or	and agree to claims may	
Authorized R	epresentative:								
Prefix:	Mr.	* First Name	: Tom						
Middle Name:	Florencio								
* Last Name:	Provencio	**************************************							
Suffix:					•				
Title:	uthorized Agent								
Telephone Nu	imb <b>e</b> r: 323.721.1655			Fax Number	r. 323.	721.356	50		
Email: tpro	vencio@telacu.com								
Signature of A	uthorized Representative:	Tom Provencio		* Date Sig	ned: [c	01/26/2009			

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

*Applicant Federal Debt Delinquency Explanation  The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.	Application for Federal Assistance SF-424	Version	02
	* Applicant Federal Debt Delinquency Explanation		
	The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.		
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# **DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. * Type of Federal Action:	2. * Status of Federa	Action:	3. * Report Type:	
a. contract	a. bid/offer/application		a. initial filing	
b. grant	b. initial award		b. material change	
c. cooperative agreement	c. post-award			
d. loan	-			
e. loan guarantee				
f. loan insurance				
4. Name and Address of Reporting E	intity:			
Prime SubAwardee				
*Name				
*Street 1	Street	2		
5400 East Olympic Boulevard, Suite 30	···			
Los Angeles	State CA: California		Zip [90	022
Congressional District, if known: 34				
5. If Reporting Entity in No.4 is Subawa	ardee, Enter Name and	l Address of Pri	ne:	
6. * Federal Department/Agency:	7.	* Federal Progr	am Name/Description	
U.S. Department of HUD	Sup	portive Housing for	the Elderly	
	L	FDA Number, if applicable	× 14.157	
8. Federal Action Number, if known:				
Todard Action (talliber, if Allowit,		Award Amount,	ir known:	
	\$			
10. a. Name and Address of Lobbying R	egistrant:	· · · · · · · · · · · · · · · · · · ·		
Prefix *First Name N/A	Midd	lle Name		
*Last Name [		Suffix [		
N/A				
*Street 1	Street 2			
* City	State		Zip	
b. Individual Performing Services (including				
Prefix *First Name				
N/A	Milodi	e Name		
* Last Name		Suffix		
*Street 1	Street 2			
*City	State [			
			Zip	
Information requested through this form is authorized by title reliance was placed by the tier above when the transaction the Congress semi-annually and will be available for public \$10,000 and not more than \$100,000 for each such failure.  Signature:  Tom Provencio  Name:  Prefix Mr.  *First Name Total	was made or entered into. I his disc inspection. Any person who fails to			
*Last Name Frovencio		Suffix		
Title: Authorized Agent	Telephone No. (		<b></b>	
THE PROPERTY OF THE PROPERTY O	Telephone No.: 323,721.	1655	Date: 01/26/2009	
			Authorized for Local Ra Standard Form - LLL (R	